

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Association of Mutual Insurance Companies PAC

ADDRESS (number and street)

3601 Vincennes Road

PO Box 68700

☐ Check if different than previously reported. (ACC)

Indianapolis

IN

46268

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00170258

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y /

in the  
State of

IN

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y /

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y /

through

M M M /

D D D /

Y Y Y Y Y Y /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Gregg A. Dykstra J.D.

Signature of Treasurer

Mr. Gregg A. Dykstra J.D.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
10		15		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y 2014</span>		<span style="border: 1px solid black; padding: 2px;">61979.34</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">36395.09</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">22677.85</span>	<span style="border: 1px solid black; padding: 2px;">433076.09</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">59072.94</span>	<span style="border: 1px solid black; padding: 2px;">495055.43</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">17457.40</span>	<span style="border: 1px solid black; padding: 2px;">453439.89</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">41615.54</span>	<span style="border: 1px solid black; padding: 2px;">41615.54</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Association of Mutual Insurance Companies PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12904.50

295495.10

(ii) Unitemized .....

1773.35

90795.25

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

14677.85

386290.35

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

8000.00

44400.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

22677.85

430690.35

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

2338.02

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

47.72

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

22677.85

433076.09

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

22677.85

433076.09

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1457.40	4389.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1457.40	4389.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	389500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	150.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	150.00
29. Other Disbursements .....	16000.00	59400.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17457.40	453439.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17457.40	453439.89

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	22677.85	430690.35
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22677.85	430540.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1457.40	4389.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	2338.02
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1457.40	2051.87

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 52  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Todd E. Albert**

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ohio Mutual Insurance Company

Occupation  
 Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 14 / 2014

**Transaction ID : A6E05F0B0898347FF9E4**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas Alighieri**

Mailing Address 222 Ames St

City State Zip Code  
 Dedham MA 02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Norfolk & Dedham Mutual Fire Insurance

Occupation  
 Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : A6312E0261B8E47E980B**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mr. Neil Aldredge**

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 National Association of Mutual Insuran

Occupation  
 Senior Vice President - State and Poli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 06 / 2014

**Transaction ID : A076B027BB46140A9BD7**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Laura Grace Ashton**

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

PAC Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.50

Date of Receipt

10 / 06 / 2014

**Transaction ID : A469E5521BAA24299BD5**

Amount of Each Receipt this Period

11.50

Full Name (Last, First, Middle Initial)

**B. Mr. Erik Barker**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Account Manager - Membership & Insuran

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

10 / 06 / 2014

**Transaction ID : A60032DE93E754787809**

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

**C. Mr. Michael E. Beaird**

Mailing Address 804 S Lincoln St

City

Philo

State

IL

Zip Code

61864-9680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Illinois Mutual Insurance Comp

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : AF2987C9FAB0F4FD59A2**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

121.12

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. John S. Benson

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Chairman &amp; CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2457.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Transaction ID : ABCA60852358846FCA0E

Amount of Each Receipt this Period

117.00

Full Name (Last, First, Middle Initial)

B. Ms. Rena Bilodeau

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mutual of Enumclaw Insurance Company

Occupation

Vice President - Human Resources

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2014

Transaction ID : A1A45AAB6C8264899A81

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. Don W. Blackwell

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Indiana Lumbersmens Mutual Insurance Co

Occupation

Secretary &amp; Treasurer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : A1450CA3EF26A46B2BD4

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

257.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 52  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Richard Bland**

Mailing Address PO Box 25699

City State Zip Code  
 Richmond VA 23260-5699

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bland & Sorkin/Enhanced Mutual Concept

Occupation

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2014

Transaction ID : AB3089446005E4DC8921

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Ms. Donna R. Brekke PFMM**

Mailing Address 572 West 1st Ave

City State Zip Code  
 Plentywood MT 59254-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farmers Mutual Fire Insurance Company

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2014

Transaction ID : A53B3300971B74641B1D

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Ms. Donna R. Brekke PFMM**

Mailing Address 572 West 1st Ave

City State Zip Code  
 Plentywood MT 59254-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farmers Mutual Fire Insurance Company

Occupation

Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2014

Transaction ID : ADFC89B2497064E3F8F4

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Mary B. Cady CIC, AAI**

Mailing Address 3601 Vincennes Rd

City

Indianapolis

State

IN

Zip Code

46268-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NAMIC Insurance Company, Inc.

Occupation

NIA Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.50

Date of Receipt

10 / 06 / 2014

**Transaction ID : A17AD62C2BF1E4D9EAD2**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Ms. Ginny Caro**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Vice President of Claims Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.54

Date of Receipt

10 / 01 / 2014

**Transaction ID : ADB7C914561B64F77AA1**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Mr. Charles M. Chamness**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1890.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : A3483B9DB453B4B439E7**

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

141.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Charles M. Chamness**

Mailing Address PO Box 68700

City  
Indianapolis

State  
IN

Zip Code  
46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2290.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : A60F029D70D1240A59AE**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark Coe**

Mailing Address PO Box 111

City  
Bucyrus

State  
OH

Zip Code  
44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

IT Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : A128CAC2C74294C649EE**

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**C. Mr. Garrett Cooper**

Mailing Address PO Box 2227

City  
Fort Wayne

State  
IN

Zip Code  
46801-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brotherhood Mutual Insurance Company

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : AA5D1E665DA2742E082A**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

689.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Jim Danford AIC**

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ohio Mutual Insurance Company

Occupation  
 Material Damage Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 14 2014

**Transaction ID : AF30D7E2255C54031BD2**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Michael A. Davis CIC**

Mailing Address PO Box 31

City State Zip Code  
 Mount Carroll IL 61053-0031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Mount Carroll Mutual Insurance Company

Occupation  
 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 14 2014

**Transaction ID : A855BC253154C45CB9E0**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Paul Davis**

Mailing Address PO Box 6927

City State Zip Code  
 Richmond VA 23230-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Mutual Assurance Society of Virginia

Occupation  
 Vice President - Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 06 2014

**Transaction ID : ADD62804EBE0247D8A86**

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

231.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David DeGeorge**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Application Development Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

254.49

Date of Receipt

10 / 01 / 2014

**Transaction ID : A956EB47DD78C4D64804**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Mr. Rick DeGraw**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

CAO & Senior Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

791.62

Date of Receipt

10 / 01 / 2014

**Transaction ID : A996D0ABE78B04A3AB6C**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Mr. Robert Detlefsen PhD**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Public Policy

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

913.08

Date of Receipt

10 / 06 / 2014

**Transaction ID : AE6F7AEEC23E14294891**

Amount of Each Receipt this Period

43.48

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.97

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gregg A. Dykstra J.D.**

Mailing Address 3601 Vincennes Rd

City  
Indianapolis

State Zip Code  
IN 46268-1154

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.36

Date of Receipt

MM / DD / YYYY  
10 / 06 / 2014

**Transaction ID : A3DB39E1A9F6841C8BED**

Amount of Each Receipt this Period

96.16

Full Name (Last, First, Middle Initial)

**B. Mrs. Nancy M. Early**

Mailing Address PO Box 307

City  
Saxonburg

State Zip Code  
PA 16056-0307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hannahstown Mutual Insurance Company

Occupation  
Company Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

MM / DD / YYYY  
10 / 14 / 2014

**Transaction ID : A0651BB0426A24F35951**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Mr. Fred A. Edmond CPCU, CIC**

Mailing Address One Mutual Avenue

City  
Frankenmuth

State Zip Code  
MI 48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankenmuth Mutual Insurance Company

Occupation  
President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

MM / DD / YYYY  
10 / 10 / 2014

**Transaction ID : A280D19D238EF475892B**

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

276.16

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael L. Faron CPCU**

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

Commercial Lines Division Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 06 / 2014

Transaction ID : A953D986C7B22445096B

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Daniel P. Ferris**

Mailing Address 2401 S Memorial Dr

City

Appleton

State

WI

Zip Code

54915-1429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SECURA Insurance, A Mutual Company

Occupation

VP, General Counsel and Assistant Sec

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 14 / 2014

Transaction ID : A4DF627C0FBB34E5D80F

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Ms. Bethany Foy**

Mailing Address 1725 Hopley Ave

City

Bucyrus

State

OH

Zip Code

44820-3569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Ohio Insurance Company

Occupation

Business Lines Service Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 14 / 2014

Transaction ID : AF6A2D8E7B9E84CD49D6

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Vincent Franz**

Mailing Address 1 Insurance Sq

City State Zip Code  
 Celina OH 45822-1659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 National Mutual Insurance Company

Occupation  
 Vice President, Chief Actuary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : A25965299ACA745FA8CE**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Rusty Frisinger PFMM**

Mailing Address PO Box 1050

City State Zip Code  
 Fayetteville AR 72702-1050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Washington County Farmers Mutual Fire

Occupation  
 General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : A330AE03ABCAB43A19EE**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Randy Gerdes**

Mailing Address 3030 N 3rd St

City State Zip Code  
 Phoenix AZ 85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 CopperPoint Mutual Insurance Company

Occupation  
 Vice President of Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.87

Date of Receipt

10 / 01 / 2014

**Transaction ID : A412BF67CBB234A65B92**

Amount of Each Receipt this Period

20.88

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.88

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bryan Gilleland**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 10 / 2014

**Transaction ID : A358895C178AE4090A85**

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**B. Ms. Yvette Gonzales**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Senior Vice President & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.62

Date of Receipt

10 / 01 / 2014

**Transaction ID : A80C6A335983348A8B52**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Mr. Jimi Grande**

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Senior Vice President-Federal and Poli

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2386.44

Date of Receipt

10 / 06 / 2014

**Transaction ID : A9E2300795E6B4158855**

Amount of Each Receipt this Period

113.64

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

193.77

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jonathan C. Grether MSIM, CPCU**

Mailing Address PO Box 370

City State Zip Code  
Algona IA 50511-0370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pharmacists Mutual Insurance Company

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : AB7B2FBFFB09D4B29AD4**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Mr. David Grove**

Mailing Address PO Box 111

City State Zip Code  
Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Mutual Insurance Company

Occupation  
Assistant Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : A75B449FD0F01446D921**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mr. John Hair**

Mailing Address 122 C St NW Ste 540

City State Zip Code  
Washington DC 20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Federal Affairs Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : AB2C250427092463EA77**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

260.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Rich Hawkins**

Mailing Address 1460 Wells St

City

State

Zip Code

Enumclaw

WA

98022-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Mutual of Enumclaw Insurance Company

Vice President, Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : A810C0E965F8647B7BAE**

Amount of Each Receipt this Period

77.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Eugene T. Heaney**

Mailing Address 1 Preferred Way

City

State

Zip Code

New Berlin

NY

13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Preferred Mutual Insurance Company

Vice President of Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2014

**Transaction ID : AF5B8ED75E9764BAFAE8**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **c. Mr. F. Timothy Hegarty Jr., CPCU**

Mailing Address 222 Ames St

City

State

Zip Code

Dedham

MA

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Norfolk & Dedham Mutual Fire Insurance

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : AEC13528238C94FA9AF5**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

162.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Marcus E. Hill**

Mailing Address PO Box 88

City

Fort Worth

State

TX

Zip Code

76101-0088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Agricultural Workers Mutual Auto Insur

Occupation

Chairman & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : ABC7536783B5A42E786E**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Marcus E. Hill**

Mailing Address PO Box 88

City

Fort Worth

State

TX

Zip Code

76101-0088

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Agricultural Workers Mutual Auto Insur

Occupation

Chairman & President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : A1C765770BEEF4C5EB05**

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**C. Mr. John T. Hill II, CPA**

Mailing Address 1 Park Ave

City

New York

State

NY

Zip Code

10016-5802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Magna Carta Companies

Occupation

President & COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : A317F23795CE54D7F849**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. William G. Hirschfeld**

Mailing Address PO Box 400

City State Zip Code  
 Branchville NJ 07826-0400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Franklin Mutual Insurance Company

Occupation  
 Vice President, Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : A2BAE00A3A4834D30BE1**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Timothy R. Hyle CPA**

Mailing Address 1 Preferred Way

City State Zip Code  
 New Berlin NY 13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Preferred Mutual Insurance Company

Occupation  
 Vice President, Finance & Risk Managem

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : A592AAB2D58574B7187D**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Ms. Theresa Jakubick**

Mailing Address PO Box 111

City State Zip Code  
 Bucyrus OH 44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Ohio Mutual Insurance Company

Occupation  
 Project Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : ABE012B05F70F4B84846**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

570.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gary Johnson**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Assistant Vice President, Business Ins

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : A7223A8A9082C4B33A0C**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Ms. Amy R. Johnson PFMM**

Mailing Address PO Box 197

City

Finley

State

ND

Zip Code

58230-0197

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steele Trail County Mutual Insurance

Occupation

Manager/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

991.67

Date of Receipt

10 / 14 / 2014

**Transaction ID : A1DC3202DABE0422580A**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mr. Rick Jones**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Executive Vice President, COO & Presid

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

797.01

Date of Receipt

10 / 01 / 2014

**Transaction ID : A20FDB07786AA417E84A**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

101.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas Karol**

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Federal Affairs Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

954.66

Date of Receipt

10 / 06 / 2014

**Transaction ID : A61CD677990CD495A8DA**

Amount of Each Receipt this Period

45.46

Full Name (Last, First, Middle Initial)

**B. Ms. Pamela J. Keeney**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NAMIC Insurance Company, Inc.

Occupation

Vice President - Underwriting & Ins Op

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

460.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : AAB42E008196048E781C**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. Ms. Jami Kelly**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

819.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : A476045A0975D43C8A8B**

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

99.46

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sherry Kidwell**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Ohio Insurance Company

Occupation

Manager of Application

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

10 / 14 / 2014

Transaction ID : A07B2460D5D0F46E8921

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Ms. Joy Klinker**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

HR Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 06 / 2014

Transaction ID : ACD5FB5E1866E43E98B0

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Mr. Andrew Knudsen**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

798.00

Date of Receipt

10 / 10 / 2014

Transaction ID : A5B4179617FF9495296C

Amount of Each Receipt this Period

38.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

68.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Glenn A. Lambert PFMM**

Mailing Address 5000 9th Ave S

City

Great Falls

State

MT

Zip Code

59405-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cascade Farmers Mutual Insurance Compa

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : A65BAA107DF2A495981F**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Andy Lanphere MLIS**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Agency Account Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : A4DFF3231947E4A88BC8**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Mr. Edward J. Largent III**

Mailing Address 1 Park Cir

City

Westfield Center

State

OH

Zip Code

44251-9700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Westfield Insurance Company

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : A692D6478AAF84D5A90D**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1060.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Theresa Lewis**

Mailing Address PO Box 6927

City  
Richmond

State  
VA

Zip Code  
23230-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual Assurance Society of Virginia

Occupation  
Secretary-Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.94

Date of Receipt

M M / D D / Y Y Y Y  
10 / 06 / 2014

**Transaction ID : A6AB9BF90B0D64FC1A5E**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Mr. Steven D. Linkous**

Mailing Address 200 N Main St

City  
Bel Air

State  
MD

Zip Code  
21014-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harford Mutual Insurance Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2256.75

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2014

**Transaction ID : AC8E189405B1640C18C4**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Mr. Brian D. Lopata**

Mailing Address 1 Preferred Way

City  
New Berlin

State  
NY

Zip Code  
13411-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preferred Mutual Insurance Company

Occupation  
SVP, Profit Center Operations & Custom

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 14 / 2014

**Transaction ID : A3F88137593224B8B906**

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

321.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeffrey Lopata**

Mailing Address 1 Preferred Way

City State Zip Code  
 New Berlin NY 13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Manager - Commercial Lines E-Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.23

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 14 2014

**Transaction ID : A1DFB0CC2AAB14A3598C**

Amount of Each Receipt this Period

76.94

Full Name (Last, First, Middle Initial)

**B. Mr. John F. Marazzo**

Mailing Address 1 Commerce Sq

City State Zip Code  
 Philadelphia PA 19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

Vice President and Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 14 2014

**Transaction ID : A66B1F6CA3C364592AB7**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**c. Mrs. Stacey Matteson**

Mailing Address PO Box 1917

City State Zip Code  
 Martinsburg WV 25402-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farmers & Mechanics Mutual Insurance C

Occupation

Vice President - Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 01 2014

**Transaction ID : A7A5F2DB8C7B74E40956**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

156.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Phil McCain**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.87

Date of Receipt

10 / 10 / 2014

**Transaction ID : A1535F4061BE64CA2853**

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**B. Mr. James McCormack**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Assistant Vice President - Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : A15ED15B7CBED4E81949**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Mr. Brian S. McLeod**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President, Secretary & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.50

Date of Receipt

10 / 10 / 2014

**Transaction ID : A7C73FA3006AF4A23997**

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

86.97

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Middleton**

Mailing Address PO Box 68700

City  
Indianapolis

State Zip Code  
IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Vice President - Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : ADB7104D57A5A46C7B15**

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. Ms. Dona L. Mohr**

Mailing Address 1725 Hopley Ave

City  
Bucyrus

State Zip Code  
OH 44820-3569

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Mutual Insurance Company

Occupation  
Assistant Vice President-Quality Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2014

**Transaction ID : AC69C20A9256D4AB78E6**

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. Mr. Eric Nelson**

Mailing Address 1460 Wells St

City  
Enumclaw

State Zip Code  
WA 98022-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mutual of Enumclaw Insurance Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2014

**Transaction ID : A7539870D14EE443CA1D**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

335.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

A. Mr. James Northard

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Web Design Specialist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

204.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2014

Transaction ID : A410F4DC3A0C74E55ACF

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

B. Ms. Sandra G. Parrillo CPCU

Mailing Address PO Box 6066

City

Providence

State

RI

Zip Code

02940-6066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Mutual Fire Insurance Compa

Occupation

President &amp; CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 10 / 2014

Transaction ID : A02EB6746C77F4E4C869

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Ms. Judith Patrick

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Chairman

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2014

Transaction ID : A79EC868ED1604229B64

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

199.62

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John A. Paul PFMM, FMDC**

Mailing Address PO Box 498

City

Council Bluffs

State

IA

Zip Code

51502-0498

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Iowa Mutual Insurance Associat

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2910.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : AA3ABB8CCD2A64D04AD**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mike Rasmussen**

Mailing Address 1460 Wells St

City

Enumclaw

State

WA

Zip Code

98022-3003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mutual of Enumclaw Insurance Company

Occupation

Field Claim Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.80

Date of Receipt

10 / 01 / 2014

**Transaction ID : A46FCCF0F5DA64B67B1C**

Amount of Each Receipt this Period

21.68

Full Name (Last, First, Middle Initial)

**C. Ms. Liz Reynolds CPCU, API**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Director - State Affairs, Southeast Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : A17F232F59A114E11B6B**

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

181.68

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jonathan Rodgers**

Mailing Address PO Box 68700

City  
Indianapolis

State Zip Code  
IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Accounting Regulation Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : A21622FC0038944EFB21**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Mr. Ed Roesch**

Mailing Address PO Box 68700

City  
Indianapolis

State Zip Code  
IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAMIC Insurance Company, Inc.

Occupation  
Director, Claims Department

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : ACCEA7477DB844111AF6**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Mr. Eric P. Schmader PFMM**

Mailing Address PO Box 84

City  
Marble

State Zip Code  
PA 16334-0084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Farmers Mutual Fire Insurance Company

Occupation  
CFO & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 02 / 2014

**Transaction ID : A5814FAA6AE5846DAB41**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

270.00

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 52  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Fred Schneider**

Mailing Address 1 Preferred Way

City	State	Zip Code
New Berlin	NY	13411-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Director, Field Agency Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

**Transaction ID : A1A73665F8FAA4DB88C4**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kenneth A. Selzer CPCU, ARE**

Mailing Address 200 E Randolph St Fl 14

City	State	Zip Code
Chicago	IL	60601-6425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aon Benfield

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

**Transaction ID : A5C05CF65319F4A8C934**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Phyllis Senseman LUTCF**

Mailing Address 3030 N 3rd St

City	State	Zip Code
Phoenix	AZ	85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Vice President Marketing and Communica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2014

**Transaction ID : AD2E4F05384094250BDF**

Amount of Each Receipt this Period

20.84

**SUBTOTAL** of Receipts This Page (optional)..... ►

290.84

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 34 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Donald A. Smith Jr.**

Mailing Address 3030 N 3rd St

City

Phoenix

State

AZ

Zip Code

85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

President & CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1995.00

Date of Receipt

10 / 01 / 2014

Transaction ID : AF445C24497944F60B4F

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

**B. Mr. John K. Smith CRM, CIC,**

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

10 / 14 / 2014

Transaction ID : A7D340628E8274F1DA92

Amount of Each Receipt this Period

190.00

Full Name (Last, First, Middle Initial)

**c. Mr. John K. Smith CRM, CIC,**

Mailing Address 1 Commerce Sq

City

Philadelphia

State

PA

Zip Code

19103-7042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pennsylvania Lumbermens Mutual Insuran

Occupation

President & CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2900.00

Date of Receipt

10 / 14 / 2014

Transaction ID : A134CA5E022B3465AB9A

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

395.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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PAGE 35 OF 52

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Irica Solomon**

Mailing Address 122 C St NW Ste 540

City

Washington

State

DC

Zip Code

20001-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President of Federal and Politica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

964.66

Date of Receipt

10 / 06 / 2014

Transaction ID : A4DF21A598B534EF0A3E

Amount of Each Receipt this Period

45.46

Full Name (Last, First, Middle Initial)

**B. Ms. Kristen Spriggs**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Member Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 06 / 2014

Transaction ID : AF0D27282DC2E48A2AE8

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mr. Scott St. Angel**

Mailing Address 23 Royal Rd Ste 100

City

Flemington

State

NJ

Zip Code

08822-6001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farmers Insurance Company of Flemington

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

10 / 10 / 2014

Transaction ID : A38A42277CC0D4E9D8E3

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.46

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert G. Street AIM**

Mailing Address 222 Ames St

City

Dedham

State

MA

Zip Code

02026-1850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norfolk & Dedham Mutual Fire Insurance

Occupation

NE Casualty Claims Division Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : A751F11A1A7D841019A2**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Mr. Tim F. Sullivan RPLU**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NAMIC Insurance Company, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

10 / 06 / 2014

**Transaction ID : A12C838EAF6FB4D1CBA3**

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Mr. Terry Suttner**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Membership/Insurance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

852.63

Date of Receipt

10 / 06 / 2014

**Transaction ID : A4AFD7A33319644A0BA5**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

156.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Robin Suydam**

Mailing Address PO Box 400

City State Zip Code  
Branchville NJ 07826-0400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Franklin Mutual Insurance Company

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : ABDAB4A6F5036482FAEE**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Gary Swearingen PFMM**

Mailing Address 309 Brighton Ave S

City State Zip Code  
Buffalo MN 55313-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Has San Lake Mutual Insurance Company

Occupation  
Manager & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2014

**Transaction ID : ABE1EC8435728484DB45**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **c. Mr. Gary Swearingen PFMM**

Mailing Address 309 Brighton Ave S

City State Zip Code  
Buffalo MN 55313-2303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Has San Lake Mutual Insurance Company

Occupation  
Manager & Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2014

**Transaction ID : AF6659EF2113A453B837**

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Christopher P. Taft CPA, CIC**

Mailing Address 1 Preferred Way

City State Zip Code  
 New Berlin NY 13411-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Preferred Mutual Insurance Company

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : ABE49D3D828D944FB871**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Mr. Paul Tetrault**

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
State & Policy Affairs Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : A80E9B7D6C1864A8DA7A**

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mr. Joe Thesing**

Mailing Address PO Box 68700

City State Zip Code  
 Indianapolis IN 46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Association of Mutual Insuran

Occupation  
Vice President - State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

10 / 06 / 2014

**Transaction ID : A7251D276AA0047618BB**

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

260.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Bruce D. Thomas PFMM**

Mailing Address PO Box 594

City

Algona

State

IA

Zip Code

50511-0594

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heartland Mutual Insurance Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : A0141276599024E08BAB**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Gary W. Thompson CPCU, CIC**

Mailing Address PO Box 618

City

Columbia

State

MO

Zip Code

65205-0618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia Mutual Insurance Company

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : ABC391695D2104AB6A4F**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mr. Randall Trinklein**

Mailing Address One Mutual Avenue

City

Frankenmuth

State

MI

Zip Code

48787-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Frankenmuth Mutual Insurance Company

Occupation

Vice President of Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.00

Date of Receipt

10 / 10 / 2014

**Transaction ID : A787C34B45F794F54B01**

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

189.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Michael Ulmer**

Mailing Address PO Box 68700

City

Indianapolis

State

IN

Zip Code

46268-0700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

National Association of Mutual Insuran

Occupation

Vice President - Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2014			

Transaction ID : A432533F33AA242A8807

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Mr. Aaron J. Valentine**

Mailing Address 1 Preferred Way

City

New Berlin

State

NY

Zip Code

13411-1896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Preferred Mutual Insurance Company

Occupation

Senior Vice President, Treasurer &amp; CFO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2014			

Transaction ID : A4089DB4CA7A64E0D819

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**c. Mr. Joseph Walsh CPCU, CIC,**

Mailing Address PO Box 111

City

Bucyrus

State

OH

Zip Code

44820-0111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ohio Mutual Insurance Company

Occupation

Manager - Business Insurance Products

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			14			2014			

Transaction ID : ADBE93F36388449AC98F

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Wayne F. White CPA, PFMM**

Mailing Address PO Box 860

City  
Bryant

State  
AR

Zip Code  
72089-0860

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Farmers Union Mutual Insurance Company

Occupation

Vice President, Secretary/Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2225.00

Date of Receipt

10 / 14 / 2014

**Transaction ID : A1CFC056352C44756BC5**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Mr. Noel A. Williams**

Mailing Address 3030 N 3rd St

City  
Phoenix

State  
AZ

Zip Code  
85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Vice President of Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.77

Date of Receipt

10 / 01 / 2014

**Transaction ID : A9A1FB0B301DE4EAA9E5**

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel Witt**

Mailing Address 3030 N 3rd St

City  
Phoenix

State  
AZ

Zip Code  
85012-3074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CopperPoint Mutual Insurance Company

Occupation

Claims Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : ACBA6521EFCD4469489E**

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

191.83

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 52

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jeffrey S. Wrobel SR, CPCU**

Mailing Address PO Box 6927

City  
Richmond

State  
VA

Zip Code  
23230-0927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mutual Assurance Society of Virginia

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.94

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 06 / 2014

**Transaction ID : A23AC82B5157B4A4091D**

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Mr. Jerry G. Zenke PFMM**

Mailing Address PO Box 708

City  
Houston

State  
MN

Zip Code  
55943-0708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mound Prairie Mutual Insurance Company

Occupation

General Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2014

**Transaction ID : A2EEA9A1870DA4A62AFF**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

541.66

**TOTAL** This Period (last page this line number only)..... ►

12904.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 52

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

## **A. Liberty Mutual Insurance Company - PAC**

Mailing Address 175 Berkeley Street

City State Zip Code  
Boston MA 02117

FEC ID number of contributing  
federal political committee.

**C** C00171843

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10 / 14 / 2014**

**Transaction ID : A6E4F477C0FB348C1902**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 44 EAST MIFFLIN STREET SUITE 801

City State Zip Code  
MADISON WI 53703

FEC ID number of contributing  
federal political committee.

**C** C00545194

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3150.00

Date of Receipt

**10 / 14 / 2014**

**Transaction ID : A2724D94387964270B4C**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

8000.00

**TOTAL** This Period (last page this line number only)..... ►

8000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

National Association of Mutual Insurance Companies PAC

A horizontal number line is shown, ranging from 0 to 10. Major tick marks are labeled at 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10. Between each major tick mark, there are four smaller tick marks, representing increments of 0.5. The number 7.95 is marked on the line, positioned between the 7 and 8 tick marks.

Age Group	Percentage
18-24	30.75
25-34	25.00
35-44	20.00
45-54	15.00
55-64	10.00
65-74	5.00
75-84	2.50
85+	1.25

1418.70

1457.40

1457.40

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

National Association of Mutual Insurance Companies PAC

Three digital displays showing the date 10/07/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '07' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

2000.00

State: OH District: 12

-2000.00

State: OH District: 12

---

Category/  
Type

State:  District:

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Bart Rowland Campaign**

Mailing Address Post Office Box 336

City	State	Zip Code
Tompkinsville	KY	42167-0336

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : B9F8554B99F80469682A**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Bill Hightower for Senate**

Mailing Address Post Office Box 91335

City	State	Zip Code
Mobile	AL	36691-1335

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : B048D229797434DC0ACD**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Cam Ward for Senate**

Mailing Address Post Office Box 1749

City	State	Zip Code
Alabaster	AL	35007-2068

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : B7D0882BE803A4D81BDF**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Christopher J. England for House**

Mailing Address 1681 Ozier Drive

City	State	Zip Code
Tuscaloosa	AL	35405-6788

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : B5CBECAB907DD477B8E2**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Jabo Waggoner for Senate**

Mailing Address 1829 Mission Road

City	State	Zip Code
Vestavia	AL	35216-2241

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : B1FA9300756CE4DA2B0D**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Kansans for Selzer**

Mailing Address 12504 Buena Vista

City	State	Zip Code
Leawood	KS	66209-2641

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : BC81F4930DB3F477A867**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Keep State Representative Jeff Greer**

Mailing Address PO Box 1007

City	State	Zip Code
Bradenburg	KY	40108

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : BE1257E52783A4DFB9F0**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Kenneth F. Sheets for State Representative**Mailing Address PMB #869 6333 E. Mockingbird Lane  
Suite 147

City	State	Zip Code
Dallas	TX	75214-2672

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : B9D3068102DD54EBF87C**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Mac McCutcheon for House**

Mailing Address Post Office Box 418

City	State	Zip Code
Madison	AL	35758-0418

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : B9821046F671A45ED974**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Marsh for Senate**

Mailing Address P.O. Box 2365

City	State	Zip Code
Anniston	AL	36202-2365

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : B38956DB4DFB14B89B59**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Mike Hill for AL House**

Mailing Address 1134 County Services Drive

City	State	Zip Code
Pelham	AL	35124-6128

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : B07EF16DF9F6743EEBB5**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Mike Hubbard for House**

Mailing Address Post Office Box 950

City	State	Zip Code
Auburn	AL	36831-0950

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : BDA337724E24840519F5**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Mike Turzai Campaign**

Mailing Address 29 Meetinghouse Lane

City	State	Zip Code
Bradford Woods	PA	15015

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : BC471E1C14A594909B09**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Rick Scott for Florida**

Mailing Address P.O. BOX 1140

City	State	Zip Code
Tallahassee	FL	32302-1140

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : B512FC6459576442BA91**

Amount of Each Disbursement this Period

3000.00
---------

Full Name (Last, First, Middle Initial)

**C. Robert Bentley for Governor**

Mailing Address PO Box 2276

City	State	Zip Code
Tuscaloosa	AL	35403

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : B553A56823DDE48D092E**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Roger Bedford for AL Senate**

Mailing Address P.O. Box 370

City	State	Zip Code
Russellville	AL	35653-0370

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2014

**Transaction ID : B6DEAF24A5E3D4430A24**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Rom Crimm Campaign**

Mailing Address Post Office Box 43244

City	State	Zip Code
Louisville	KY	40253-0244

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2014

**Transaction ID : B19944B6FAC1244D1931**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Slade Blackwell for AL Senate**

Mailing Address 2501 20th Place South, Suite 225

City	State	Zip Code
Birmingham	AL	35223-1725

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	02	/	2014

**Transaction ID : BBDC5B50E85B8427BB68**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**National Association of Mutual Insurance Companies PAC**

Full Name (Last, First, Middle Initial)

**A. Texans for Kelly Hancock**

Mailing Address P.O. Box 821349

City	State	Zip Code
North Richland Hills	TX	76182-1349

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : BDC7E244A04E544ED976**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. Victor Gaston for House**

Mailing Address 1136 Hillcrest Crossing West

City	State	Zip Code
Mobile	AL	36695-4538

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : B51924467D85F4A45A6C**

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**C. Vivian Davis Figures Campaign**

Mailing Address 2054 Clemente Court

City	State	Zip Code
Mobile	AL	36617-2928

Purpose of Disbursement  
Political Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

**Transaction ID : BAA6790BACF424CC28D6**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00
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16000.00
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